

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET  
PG3612USW

First Names Inventor:  
Duncan Robert ARMOUR

**Complete if known:**  
App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or

☒ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## COMPOUNDS USEFUL IN THE TREATMENT OF INFLAMMATORY DISEASES

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on 16 DECEMBER 1999 as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number PCT/EP99/10000 filed and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 9828074.6	GB	12/18/1998	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	
4.	
5.	

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER  
PG3612USW

2  0  4	FULL NAME OF INVENTOR	FAMILY NAME <b>GORE</b>	FIRST GIVEN NAME <b>Paul</b>	SECOND GIVEN NAME/INITIAL <b>Martin</b>
	INVENTOR'S SIGNATURE	Signature X		Date :
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  5	FULL NAME OF INVENTOR	FAMILY NAME <b>GREEN</b>	FIRST GIVEN NAME <b>Darren</b>	SECOND GIVEN NAME/INITIAL <b>Victor, Steven</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  6	FULL NAME OF INVENTOR	FAMILY NAME <b>HOLMAN</b>	FIRST GIVEN NAME <b>Stuart</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  7	FULL NAME OF INVENTOR	FAMILY NAME <b>JACK</b>	FIRST GIVEN NAME <b>Torquil</b>	SECOND GIVEN NAME/INITIAL <b>Iain, Maclean</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  8	FULL NAME OF INVENTOR	FAMILY NAME <b>KEELING</b>	FIRST GIVEN NAME <b>Steven</b>	SECOND GIVEN NAME/INITIAL <b>Philip</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  9	FULL NAME OF INVENTOR	FAMILY NAME <b>MASON</b>	FIRST GIVEN NAME <b>Andrew</b>	SECOND GIVEN NAME/INITIAL <b>McMurtrie</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  10	FULL NAME OF INVENTOR	FAMILY NAME <b>MORRIS</b>	FIRST GIVEN NAME <b>Karen</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER  
PG3612USW

2	FULL NAME OF INVENTOR	FAMILY NAME <b>RAMSDEN</b>	FIRST GIVEN NAME <b>Nigel</b>	SECOND GIVEN NAME/INITIAL <b>Grahame</b>
0	INVENTOR'S SIGNATURE	Signature X		Date X
11	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
11	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>WARD</b>	FIRST GIVEN NAME <b>Peter</b>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature X		Date X
12	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
12	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET  
PG3612USWFirst Names Inventor:  
Duncan Robert ARMOUR**Complete if known:**  
App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or☒ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COMPOUNDS USEFUL IN THE TREATMENT OF INFLAMMATORY DISEASES**

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on **16 DECEMBER 1999** as United States application Serial No. \_\_\_\_\_ or PCT InternationalApplication Number **PCT/EP99/10000** filed and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 9828074.6	GB	12/18/1998	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	
4.	
5.	

**COMBINED DECLARATION FOR UTILITY or DESIGN  
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

 ATTORNEY'S DOCKET NUMBER  
**PG3612USW**

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		<b>GORE</b>	<b>Paul</b>	<b>Martin</b>
0	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		<b>GREEN</b>	<b>Darren</b>	<b>Victor, Steven</b>
0	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		<b>HOLMAN</b>	<b>Stuart</b>	
0	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		<b>JACK</b>	<b>Torquil</b>	<b>Iain, Maclean</b>
0	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		<b>KEELING</b>	<b>Steven</b>	<b>Philip</b>
0	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		<b>MASON</b>	<b>Andrew</b>	<b>McMurtrie</b>
0	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
9	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		<b>MORRISS</b>	<b>Karen</b>	
0	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
10	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>

**COMBINED DECLARATION FOR UTILITY or DESIGN PATENT  
APPLICATION WITH POWER OF ATTORNEY** Continued

 ATTORNEY'S DOCKET NUMBER  
**PG3612USW**

2  0  11	FULL NAME OF INVENTOR	FAMILY NAME <b>RAMSDEN</b>	FIRST GIVEN NAME <b>Nigel</b>	SECOND GIVEN NAME/INITIAL <b>Grahame</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  12	FULL NAME OF INVENTOR	FAMILY NAME <b>WARD</b>	FIRST GIVEN NAME <b>Peter</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>

<b>COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY</b> Continued				ATTORNEY'S DOCKET NUMBER <b>PG3612USW</b>
2  0  4	FULL NAME OF INVENTOR	FAMILY NAME <b>GORE</b>	FIRST GIVEN NAME <b>Paul</b>	SECOND GIVEN NAME/INITIAL <b>Martin</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  5	FULL NAME OF INVENTOR	FAMILY NAME <b>GREEN</b>	FIRST GIVEN NAME <b>Darren</b>	SECOND GIVEN NAME/INITIAL <b>Victor, Steven</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  6	FULL NAME OF INVENTOR	FAMILY NAME <b>HOLMAN</b>	FIRST GIVEN NAME <b>Stuart</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  7	FULL NAME OF INVENTOR	FAMILY NAME <b>JACK</b>	FIRST GIVEN NAME <b>Torquil</b>	SECOND GIVEN NAME/INITIAL <b>Iain, Maclean</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  8	FULL NAME OF INVENTOR	FAMILY NAME <b>KEELING</b>	FIRST GIVEN NAME <b>Steven</b>	SECOND GIVEN NAME/INITIAL <b>Philip</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  9	FULL NAME OF INVENTOR	FAMILY NAME <b>MASON</b>	FIRST GIVEN NAME <b>Andrew</b>	SECOND GIVEN NAME/INITIAL <b>McMurtrie</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  10	FULL NAME OF INVENTOR	FAMILY NAME <b>MORRISS</b>	FIRST GIVEN NAME <b>Karen</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>

<b>COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY</b> Continued				<b>ATTORNEY'S DOCKET NUMBER</b> <b>PG3612USW</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>RAMSDEN</b>	FIRST GIVEN NAME <b>Nigel</b>	SECOND GIVEN NAME/INITIAL <b>Grahame</b>
0	INVENTOR'S SIGNATURE	Signature X		Date X
11	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
11	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>WARD</b>	FIRST GIVEN NAME <b>Peter</b>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature X		Date X
12	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
12	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>



# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET  
PG3612USW

First Names Inventor:  
Duncan Robert ARMOUR

Complete if known:  
App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or

☒ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## COMPOUNDS USEFUL IN THE TREATMENT OF INFLAMMATORY DISEASES

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on **16 DECEMBER 1999** as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number **PCT/EP99/10000** filed and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 9828074.6	GB	12/18/1998	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	
4.	
5.	

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER  
PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

## PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	Bonnie L. Deppenbrock	Reg. No. 28,209
Charles E. Dadswell	Reg. No. 35,851	Virginia C. Bennett	Reg. No. 37,092	John L. Lemanowicz	Reg. No. 37,380
Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	Amy H. Fix	Reg. No. 42,616
Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,334		
Elizabeth Selby	Reg. No. 38,298	Lorie Ann Morgan	Reg. No. 38,181		

Send Correspondence to:

David J. Levy, Patent Counsel  
Corporate Intellectual Property Department  
GlaxoSmithKline  
Five Moore Drive, PO Box 13398  
Research Triangle Park, NC 27709



Direct Telephone Calls to:

Charles E. Dadswell  
919-483-6983

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2  0  1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	ARMOUR	Duncan	Robert
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Sandwich	GB	GB
		Discovery Chemistry IPC 924, Pfizer Limited Ramsgate Road	Sandwich	Kent CT13 9NJ GB
2  0  2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	BROWN	David	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Welwyn Garden City	GB	GB
		Roche Products Limited Broadwater Road	Welwyn Garden City	Hertfordshire AL7 3AY, GB
2  0  3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	CONGREAVE	Miles	Stuart
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Cambridge	GB	GB
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER  
PG3612USW

2  0  4	FULL NAME OF INVENTOR	FAMILY NAME <b>GORE</b>	FIRST GIVEN NAME <b>Paul</b>	SECOND GIVEN NAME/INITIAL <b>Martin</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  5	FULL NAME OF INVENTOR	FAMILY NAME <b>GREEN</b>	FIRST GIVEN NAME <b>Darren</b>	SECOND GIVEN NAME/INITIAL <b>Victor, Steven</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  6	FULL NAME OF INVENTOR	FAMILY NAME <b>HOLMAN</b>	FIRST GIVEN NAME <b>Stuart</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  7	FULL NAME OF INVENTOR	FAMILY NAME <b>JACK</b>	FIRST GIVEN NAME <b>Torquil</b>	SECOND GIVEN NAME/INITIAL <b>Iain, Maclean</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  8	FULL NAME OF INVENTOR	FAMILY NAME <b>KEELING</b>	FIRST GIVEN NAME <b>Steven</b>	SECOND GIVEN NAME/INITIAL <b>Philip</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  9	FULL NAME OF INVENTOR	FAMILY NAME <b>MASON</b>	FIRST GIVEN NAME <b>Andrew</b>	SECOND GIVEN NAME/INITIAL <b>McMurtrie</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  10	FULL NAME OF INVENTOR	FAMILY NAME <b>MORRISS</b>	FIRST GIVEN NAME <b>Karen</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET  
PG3612USW

First Names Inventor:  
Duncan Robert ARMOUR

**Complete if known:**  
App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or

☒ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## COMPOUNDS USEFUL IN THE TREATMENT OF INFLAMMATORY DISEASES

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on **16 DECEMBER 1999** as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number **PCT/EP99/10000** filed and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.


I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 9828074.6	GB	12/18/1998	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1.		
2.		
3.		
4.		
5.		

<b>COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY</b> Continued				ATTORNEY'S DOCKET NUMBER <b>PG3612USW</b>	
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>					
<b>PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION</b>					
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
			PATENTED	PENDING	ABANDONED
<p><b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)</p>					
David J. Levy Reg. No. 27,655		James P. Riek Reg. No. 39,009		Bonnie L. Deppenbrock Reg. No. 28,209	
Charles E. Dadswell Reg. No. 35,851		Virginia C. Bennett Reg. No. 37,092		John L. Lemanowicz Reg. No. 37,380	
Karen L. Prus Reg. No. 39,337		Frank P. Grassler Reg. No. 31,164		Amy H. Fix Reg. No. 42,616	
Robert H. Brink Reg. No. 36,094		Christopher P. Rogers Reg. No. 36,334			
Elizabeth Selby Reg. No. 38,298		Lorie Ann Morgan Reg. No. 38,181			
<p>Send Correspondence to:  <b>David J. Levy, Patent Counsel</b>  <b>Corporate Intellectual Property Department</b>  <b>GlaxoSmithKline</b>  <b>Five Moore Drive, PO Box 13398</b>  <b>Research Triangle Park, NC 27709</b></p>			 <b>23347</b> PATENT TRADEMARK OFFICE		<p>Direct Telephone Calls to:   <b>Charles E. Dadswell</b>  <b>919-483-6983</b></p>
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>					
2   0  1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	ARMOUR	Duncan		Robert
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY
		Sandwich	GB		GB
		Discovery Chemistry IPC 924, Pfizer Limited Ramsgate Road	Sandwich		Kent CT13 9NJ GB
2   0  2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	BROWN	David		Robert
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY
		Welwyn Garden City	GB		GB
		Roche Products Limited Broadwater Road	Welwyn Garden City		Hertfordshire AL7 3AY, GB
2   0  3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	CONGREAVE	Miles		Stuart
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY
		Cambridge	GB		GB
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park		NC 27709, US

**COMBINED DECLARATION FOR UTILITY or DESIGN PATENT  
APPLICATION WITH POWER OF ATTORNEY** Continued

ATTORNEY'S DOCKET NUMBER  
**PG3612USW**

2	FULL NAME OF INVENTOR	FAMILY NAME <b>RAMSDEN</b>	FIRST GIVEN NAME <b>Nigel</b>	SECOND GIVEN NAME/INITIAL <b>Grahame</b>
0	INVENTOR'S SIGNATURE	Signature X		Date X
11	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>WARD</b>	FIRST GIVEN NAME <b>Peter</b>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature X		Date X
12	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET  
PG3612USW

First Names Inventor:  
Duncan Robert ARMOUR

Complete if known:  
App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or

☒ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## COMPOUNDS USEFUL IN THE TREATMENT OF INFLAMMATORY DISEASES

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on **16 DECEMBER 1999** as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number **PCT/EP99/10000** filed and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 9828074.6	GB	12/18/1998	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	
4.	
5.	

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER  
**PG3612USW**

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

## PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	Bonnie L. Deppenbrock	Reg. No. 28,209
Charles E. Dadswell	Reg. No. 35,851	Virginia C. Bennett	Reg. No. 37,092	John L. Lemanowicz	Reg. No. 37,380
Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	Amy H. Fix	Reg. No. 42,616
Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,334		
Elizabeth Selby	Reg. No. 38,298	Lorie Ann Morgan	Reg. No. 38,181		

Send Correspondence to:

**David J. Levy, Patent Counsel**  
Corporate Intellectual Property Department  
GlaxoSmithKline  
Five Moore Drive, PO Box 13398  
Research Triangle Park, NC 27709



**23347**

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Charles E. Dadswell  
919-483-6983

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2   0  1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE			
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		<b>ARMOUR</b>	<b>Duncan</b>	<b>Robert</b>
		Signature X		Date X
		<b>Sandwich</b>	<b>GB</b>	<b>GB</b>
		<b>Discovery Chemistry</b>	<b>Sandwich</b>	<b>Kent CT13 9NJ GB</b>
		<b>IPC 924, Pfizer Limited</b>		
		<b>Ramsgate Road</b>		
2   0  2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE			
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		<b>BROWN</b>	<b>David</b>	
		Signature X		Date X
		<b>Welwyn Garden City</b>	<b>GB</b>	<b>GB</b>
		<b>Roche Products Limited</b>	<b>Welwyn Garden City</b>	<b>Hertfordshire AL7 3AY, GB</b>
		<b>Broadwater Road</b>		
2   0  3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE			
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		<b>CONGREAVE</b>	<b>Miles</b>	<b>Stuart</b>
		Signature X		Date X
		<b>Cambridge</b>	<b>GB</b>	<b>GB</b>
		<b>GlaxoSmithKline</b>	<b>Research Triangle Park</b>	<b>NC 27709, US</b>
		<b>Five Moore Drive, PO Box 13398</b>		



# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER  
**PG3612USW**

2	FULL NAME OF INVENTOR	FAMILY NAME <b>RAMSDEN</b>	FIRST GIVEN NAME <b>Nigel</b>	SECOND GIVEN NAME/INITIAL <b>Grahame</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
11	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>WARD</b>	FIRST GIVEN NAME <b>Peter</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
12	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET  
PG3612USW

First Names Inventor:  
Duncan Robert ARMOUR

Complete if known:  
App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or

☒ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## COMPOUNDS USEFUL IN THE TREATMENT OF INFLAMMATORY DISEASES

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on **16 DECEMBER 1999** as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number **PCT/EP99/10000** filed and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 9828074.6	GB	12/18/1998	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	
4.	
5.	

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER  
PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

## PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Reg. No. 27,655  
Charles E. Dadswell Reg. No. 35,851  
Karen L. Prus Reg. No. 39,337  
Robert H. Brink Reg. No. 36,094  
Elizabeth Selby Reg. No. 38,298

James P. Riek Reg. No. 39,009  
Virginia C. Bennett Reg. No. 37,092  
Frank P. Grassler Reg. No. 31,164  
Christopher P. Rogers Reg. No. 36,334  
Lorie Ann Morgan Reg. No. 38,181

Bonnie L. Deppenbrock Reg. No. 28,209  
John L. Lemanowicz Reg. No. 37,380  
Amy H. Fix Reg. No. 42,616

## Send Correspondence to:

David J. Levy, Patent Counsel  
Corporate Intellectual Property Department  
GlaxoSmithKline  
Five Moore Drive, PO Box 13398  
Research Triangle Park, NC 27709



## Direct Telephone Calls to:

Charles E. Dadswell  
919-483-6983

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0		ARMOUR	Duncan	Robert
1		Sandwich	GB	GB
		Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
		IPC 924, Pfizer Limited		
		Ramsgate Road		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0		BROWN	David	
2		Welwyn Garden City	GB	GB
		Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0		CONGREAVE	Miles	Stuart
3		Cambridge	GB	GB
		GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER  
PG3612USW

2	FULL NAME OF INVENTOR	FAMILY NAME <b>RAMSDEN</b>	FIRST GIVEN NAME <b>Nigel</b>	SECOND GIVEN NAME/INITIAL <b>Grahame</b>
0	INVENTOR'S SIGNATURE	Signature X		Date X
11	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>WARD</b>	FIRST GIVEN NAME <b>Peter</b>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature X		Date X
12	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET  
PG3612USW

First Names Inventor:  
Duncan Robert ARMOUR

Complete if known:  
App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or

☒ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## COMPOUNDS USEFUL IN THE TREATMENT OF INFLAMMATORY DISEASES

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on **16 DECEMBER 1999** as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number **PCT/EP99/10000** filed and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35, U.S.C. § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 9828074.6	GB	12/18/1998	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	
4.	
5.	

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER  
PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

## PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	Bonnie L. Deppenbrock	Reg. No. 28,209
Charles E. Dadswell	Reg. No. 35,851	Virginia C. Bennett	Reg. No. 37,092	John L. Lemanowicz	Reg. No. 37,380
Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	Amy H. Fix	Reg. No. 42,616
Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,334		
Elizabeth Selby	Reg. No. 38,298	Lorie Ann Morgan	Reg. No. 38,181		

### Send Correspondence to:

David J. Levy, Patent Counsel  
Corporate Intellectual Property Department  
GlaxoSmithKline  
Five Moore Drive, PO Box 13398  
Research Triangle Park, NC 27709



23347

PATENT TRADEMARK OFFICE

### Direct Telephone Calls to:

Charles E. Dadswell  
919-483-6983

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2  0  1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	ARMOUR	Duncan	Robert
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Sandwich	GB	GB
		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
		IPC 924, Pfizer Limited		
		Ramsgate Road		
2  0  2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	BROWN	David	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Welwyn Garden City	GB	GB
		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		
2  0  3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	CONGREAVE	Miles	Stuart
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Cambridge	GB	GB
		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER  
PG3612USW

2  0  11	FULL NAME OF INVENTOR	FAMILY NAME <b>RAMSDEN</b>	FIRST GIVEN NAME <b>Nigel</b>	SECOND GIVEN NAME/INITIAL <b>Grahame</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  12	FULL NAME OF INVENTOR	FAMILY NAME <b>WARD</b>	FIRST GIVEN NAME <b>Peter</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>

2012

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET  
PG3612USW

First Names Inventor:  
Duncan Robert ARMOUR

Complete if known:  
App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or

☒ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## COMPOUNDS USEFUL IN THE TREATMENT OF INFLAMMATORY DISEASES

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on **16 DECEMBER 1999** as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number **PCT/EP99/10000** filed and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 9828074.6	GB	12/18/1998	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	
4.	
5.	



# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER  
PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

## PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	Bonnie L. Deppenbrock	Reg. No. 28,209
Charles E. Dadswell	Reg. No. 35,851	Virginia C. Bennett	Reg. No. 37,092	John L. Lemanowicz	Reg. No. 37,380
Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	Amy H. Fix	Reg. No. 42,616
Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,334		
Elizabeth Selby	Reg. No. 38,298	Lorie Ann Morgan	Reg. No. 38,181		

Send Correspondence to:

David J. Levy, Patent Counsel  
Corporate Intellectual Property Department  
GlaxoSmithKline  
Five Moore Drive, PO Box 13398  
Research Triangle Park, NC 27709



23347

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Charles E. Dadswell  
919-483-6983

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2   0  1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	ARMOUR	Duncan	Robert
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Sandwich	GB	GB
		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
		IPC 924, Pfizer Limited		
		Ramsgate Road		
2   0  2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	BROWN	David	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Welwyn Garden City	GB	GB
		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		
2   0  3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	CONGREA VE	Miles	Stuart
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Cambridge	GB	GB
		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER  
PG3612USW

2	FULL NAME OF INVENTOR	FAMILY NAME <b>RAMSDEN</b>	FIRST GIVEN NAME <b>Nigel</b>	SECOND GIVEN NAME/INITIAL <b>Grahame</b>
0	INVENTOR'S SIGNATURE	Signature X		Date X
11	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
11	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>WARD</b>	FIRST GIVEN NAME <b>Peter</b>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature X		Date X
12	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
12	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET  
PG3612USW

First Names Inventor:  
Duncan Robert ARMOUR

Complete if known:  
App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or

☒ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## COMPOUNDS USEFUL IN THE TREATMENT OF INFLAMMATORY DISEASES

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on **16 DECEMBER 1999** as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number **PCT/EP99/10000** filed and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 9828074.6	GB	12/18/1998	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1.		
2.		
3.		
4.		
5.		

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER  
PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

## PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	Bonnie L. Deppenbrock	Reg. No. 28,209
Charles E. Dadswell	Reg. No. 35,851	Virginia C. Bennett	Reg. No. 37,092	John L. Lemanowicz	Reg. No. 37,380
Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	Amy H. Fix	Reg. No. 42,616
Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,334		
Elizabeth Selby	Reg. No. 38,298	Lorie Ann Morgan	Reg. No. 38,181		

Send Correspondence to:

David J. Levy, Patent Counsel  
Corporate Intellectual Property Department  
GlaxoSmithKline  
Five Moore Drive, PO Box 13398  
Research Triangle Park, NC 27709



23347

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Charles E. Dadswell  
919-483-6983

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2  0  1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	ARMOUR	Duncan	Robert
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Sandwich	GB	GB
		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
		IPC 924, Pfizer Limited		
		Ramsgate Road		
2  0  2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	BROWN	David	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Welwyn Garden City	GB	GB
		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		
2  0  3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	CONGREAVE	Miles	Stuart
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Cambridge	GB	GB
		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER  
PG3612USW

2	FULL NAME OF INVENTOR	FAMILY NAME <b>RAMSDEN</b>	FIRST GIVEN NAME <b>Nigel</b>	SECOND GIVEN NAME/INITIAL <b>Grahame</b>
0	INVENTOR'S SIGNATURE	Signature X		Date X
11	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
11	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>WARD</b>	FIRST GIVEN NAME <b>Peter</b>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature X		Date X
12	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
12	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET  
PG3612USW

First Names Inventor:  
Duncan Robert ARMOUR

**Complete if known:**  
App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or

☒ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## COMPOUNDS USEFUL IN THE TREATMENT OF INFLAMMATORY DISEASES

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on **16 DECEMBER 1999** as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number **PCT/EP99/10000** filed and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 9828074.6	GB	12/18/1998	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1.		
2.		
3.		
4.		
5.		

**COMBINED DECLARATION FOR UTILITY or DESIGN  
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER  
PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION**

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Reg. No. 27,655  
Charles E. Dadswell Reg. No. 35,851  
Karen L. Prus Reg. No. 39,337  
Robert H. Brink Reg. No. 36,094  
Elizabeth Selby Reg. No. 38,298

James P. Riek Reg. No. 39,009  
Virginia C. Bennett Reg. No. 37,092  
Frank P. Grassler Reg. No. 31,164  
Christopher P. Rogers Reg. No. 36,334  
Lorie Ann Morgan Reg. No. 38,181

Bonnie L. Deppenbrock Reg. No. 28,209  
John L. Lemanowicz Reg. No. 37,380  
Amy H. Fix Reg. No. 42,616

## Send Correspondence to:

David J. Levy, Patent Counsel  
Corporate Intellectual Property Department  
GlaxoSmithKline  
Five Moore Drive, PO Box 13398  
Research Triangle Park, NC 27709



23347

PATENT TRADEMARK OFFICE

## Direct Telephone Calls to:

Charles E. Dadswell  
919-483-6983

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME <b>ARMOUR</b>	FIRST GIVEN NAME <b>Duncan</b>	SECOND GIVEN NAME/INITIAL <b>Robert</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE & CITIZENSHIP	CITY <b>Sandwich</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Discovery Chemistry IPC 924, Pfizer Limited Ramsgate Road</b>	CITY <b>Sandwich</b>	STATE & ZIP CODE/COUNTRY <b>Kent CT13 9NJ GB</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>BROWN</b>	FIRST GIVEN NAME <b>David</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE & CITIZENSHIP	CITY <b>Welwyn Garden City</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Roche Products Limited Broadwater Road</b>	CITY <b>Welwyn Garden City</b>	STATE & ZIP CODE/COUNTRY <b>Hertfordshire AL7 3AY, GB</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>CONGREAVE</b>	FIRST GIVEN NAME <b>Miles</b>	SECOND GIVEN NAME/INITIAL <b>Stuart</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE & CITIZENSHIP	CITY <b>Cambridge</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER  
PG3612USW

2  0  4	FULL NAME OF INVENTOR	FAMILY NAME <b>GORE</b>	FIRST GIVEN NAME <b>Paul</b>	SECOND GIVEN NAME/INITIAL <b>Martin</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  5	FULL NAME OF INVENTOR	FAMILY NAME <b>GREEN</b>	FIRST GIVEN NAME <b>Darren</b>	SECOND GIVEN NAME/INITIAL <b>Victor, Steven</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  6	FULL NAME OF INVENTOR	FAMILY NAME <b>HOLMAN</b>	FIRST GIVEN NAME <b>Stuart</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  7	FULL NAME OF INVENTOR	FAMILY NAME <b>JACK</b>	FIRST GIVEN NAME <b>Torquil</b>	SECOND GIVEN NAME/INITIAL <b>Iain, Maclean</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  8	FULL NAME OF INVENTOR	FAMILY NAME <b>KEELING</b>	FIRST GIVEN NAME <b>Steven</b>	SECOND GIVEN NAME/INITIAL <b>Philip</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  9	FULL NAME OF INVENTOR	FAMILY NAME <b>MASON</b>	FIRST GIVEN NAME <b>Andrew</b>	SECOND GIVEN NAME/INITIAL <b>McMurtrie</b>
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>
2  0  10	FULL NAME OF INVENTOR	FAMILY NAME <b>MORRISS</b>	FIRST GIVEN NAME <b>Karen</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY <b>Stevenage</b>	STATE OR FOREIGN COUNTRY <b>GB</b>	COUNTRY OF CITIZENSHIP <b>GB</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>NC 27709, US</b>